CITY OF NOTTINGHAM EDUCATION COMMITTEE

PRINCIPAL SCHOOL MEDICAL OFFICER'S ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1954

Adopted by the Education Committee at its Meeting held on 29th June, 1955

R. G. SPRENGER, M.B., Ch.B.,
Principal School Medical Officer.

F. STEPHENSON, M.A. (Cantab.),
Director of Education.

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CITY OF NOTTINGHAM

General Information as at 31st December, 1954

Population 311,500

Area .. acres 18,364

Density of Population : 16.9 persons per acre

Rateable Value of the City—
at 31st December, 1954, £2,456,921

Rate levied for education purposes—
1954-55 .. .. 9*s.* 1.45*d.*

No. of Schools .. 161

No. on Rolls 50,108

Average Attendance .. 41,170

Penny Rate—Produced in 1954-55, £9,981 2s. 10d.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1954-55)

CHAIRMAN : COUNCILLOR MISS M. GLEN BOTT, F.R.C.O.G., J.P.,
VICE-CHAIRMAN : ALDERMAN MRS. K. BARSBY,
THE LORD MAYOR OF NOTTINGHAM (COUNCILLOR S. HOBSON)

COUNCILLOR C. CAMERON, J.P.,
COUNCILLOR MRS. W. J. CASE,
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COUNCILLOR W. WILLIAMS,
COUNCILLOR F. W. WOOTTON,
W. W. DIXON, Esq., M.Sc., A.R.I.C.,
J. D. SUNLEY, Esq.

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STAFF (31st DECEMBER, 1954)

PRINCIPAL SCHOOL MEDICAL OFFICER :
R. G. SPRENGER, M.B., Ch.B.

SCHOOL MEDICAL OFFICERS :
MRS. E. J. MORE, M.B., Ch.B., D.P.H.,
MISS C. P. DOOLEY, L.R.C.P. & S., D.P.H.,
W. M. HUNTER, M.B., Ch.B.,
MISS O. M. FOGARTY, M.B., Ch.B., B.A.O., D.C.H.,
MISS A. F. SMITH, M.B., B.Ch., B.A.O.

PART-TIME SPECIALISTS :
(By arrangement with the Sheffield Regional Hospital Board)
N. P. R. GALLOWAY, M.B., Ch.B., D.O. (Ophthalmic Surgeon),
G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S. (Ophthalmic Surgeon),
J. HORTON YOUNG, M.B., B.S., D.O.M.S. (Ophthalmic Surgeon),
A. R. A. MARSHALL, M.B., Ch.B., F.R.C.S. (Aural Surgeon),
A. P. M. PAGE, M.D., M.R.C.P., D.C.H. (Paediatrician),
S. A. S. MALKIN, C.B.E., M.B., B.S., F.R.C.S. (Orthopaedic Surgeon),
A. GORDON, M.R.C.S., L.R.C.P. (Anaesthetist),
W. L. JONES, M.B., B.S., D.P.M. (Psychiatrist),
MISS J. E. GREENER, M.B., Ch.B., D.P.M., D.P.H. (Psychiatrist).

PART-TIME MEDICAL OFFICERS :
MRS. E. McKINNA, M.B., B.S. (Dental Anaesthetist),
MRS. T. M. PHELPS, M.B., B.S. (Dental Anaesthetist),
MISS J. WILLIAMS, M.B., Ch.B., D.P.H., D.C.H.,
G. FIELDING, M.D.,
W. K. S. MOORE, M.A., M.B., B.Chir. (M.O., Boots' College),
F. G. A. ARMSON, M.R.C.S., L.R.C.P. (M.O., Pipewood School).

DENTAL OFFICERS :
V. C. CARRINGTON, L.D.S. (Principal School Dental Officer),
MISS M. M. CLERKE, B.D.S.,
*MRS. W. CURTIS, L.D.S.,
*R. W. ELLIS, L.D.S.,
*R. McGOWAN, L.D.S.,
*N. E. CHETTLE, L.D.S.,
*MRS. E. DURANCE, L.D.S.,
*N. PINTO-DO-ROSARIO, L.D.S.,
*B. E. LAWSON, B.D.S., L.D.S.,
*A. G. THOMSON, L.D.S.

CHILD GUIDANCE CENTRE :
MRS. J. FRY, M.A., Ed.B. (Senior Educational Psychologist),
Miss B. M. BALDWIN, B.A. (Child Psychotherapist),
MISS M. G. RICKETTS, M.A., Ed.B. (Junior Educational Psychologist),
MISS A. WATSON, M.A. (Senior Psychiatric Social Worker),
A. HERBERT (Psychiatric Social Worker),
*MRS. M. ROBERTS, B.Com., (Psychiatric Social Worker),
MISS P. N. GLOVER, L.C.S.T. (Head Speech Therapist),
MISS I. C. COLQUHOUN, L.C.S.T. (Speech Therapist),
MISS P. A. E. GRADY, L.C.S.T. (Speech Therapist),
MISS W. O. TAYLOR (Remedial Teacher),
MISS J. AUCKLAND (Clerk),
MRS. A. M. PAGE (Clerk).

ADMINISTRATIVE ASSISTANT : W. H. THORNHILL.

RADIOGRAPHER : A. J. WHITTAKER.

***AUDIOMETRICIAN :** E. F. WARD, M.S.A.T.

SUPERINTENDENT SCHOOL NURSE : MISS F. PINDER.

SCHOOL NURSES :

*MISS D. F. MORGAN,	MISS J. HEALD,	MISS M. STUCHBURY,	MRS. V. R. WHITE,
MISS I. COCKERAM,	*MISS S. A. WARDE,	MISS E. M. ABBOTT,	MISS F. OLDFIELD,
*MRS. E. BARNFATHER,	MISS E. M. HARRIS,	MISS K. E. L. METGE,	MISS I. M. BURROWS,
MRS. E. M. MACQUEEN,	MISS E. M. BALL,	MISS B. BAGULEY,	MRS. L. E. PHELPS,
MRS. M. C TAYLOR,	MRS. L. J. MORRIS,	*MRS. E. M. B. LOGAN,	MRS. F. G. TODD,
MRS. C. R WATALL,	MRS. M. TUCK,	MRS. C. M. BARKER,	MISS M. F. BRANSFIELD,
*MISS G. E. WILSON	*MRS. E. BUTLER		

NURSING ASSISTANTS : *MISS A. WATSON, *MRS. F. KINDER

NURSES' ASSISTANTS :

MRS. A. M. WADDILOVE,	MISS E. GREEN,	MRS. E. E. DIN,
MISS G. B. BULL,	MRS. M. PENN,	MISS E. M. WILSON

DENTAL ATTENDANTS :

MISS L. ELLIOT,	MISS R. Y. ROPER,	*MRS. B. JONES,
MRS. M. HAMMERSLEY,	MRS. R. M. BOOKER,	MISS M. E. JOHNSON

PART-TIME CLINIC ATTENDANTS :

MRS. E. MEE,	MRS. M. WYKES,	MRS. G. GREGORY,	MRS. E. DICKINSON,
MRS. D. BAYLISS,	MRS. H. ROACH,	MRS. E. WILLIAMSON	

CLERICAL STAFF :

Senior Clerk : J. K. KNIGHTON, D.P.A.

Clerks :

MISS G. A. BEETON,	G. E. HANCOCK,	MISS E. M. GREAVES,	MRS. B. M. KILBORN,
MISS S. PIKE,	MISS I. STEVENSON,	MRS. N. SEAGRAVE,	MISS A. M. LEIGH,
MISS M. A. ARCHER,	MISS S. HENSTOCK,	MISS M. R. LATCHEM,	MISS B. E. CHESTER,
MISS A. P. WEBSTER,	MISS J. DREW,	MISS P. BROOKES,	MRS. M. E. ROBERTSON
MISS N. DAVIS,	MISS M. BROSTER,	MISS N. SMITH,	MISS A. LEACH,
MISS J. D. STAFFORD,	MISS F. MARTIN,	MISS M. S. MADDICK,	MISS J. C. MARSHALL.

CARETAKER : J. HICKLING.

HOSTELS FOR MALADJUSTED PUPILS :

Silverwood : Warden and Matron : MR. and MRS. C. A. FITCH,
Assistant Matrons : MISSES C. I. POXON and E. HANCOX.

The Gables : Warden and Matron : MR. and MRS. A. O. BROUGHALL,
Assistant Matron : MRS. W. A. SMITH.

* *Part-time Staff.*

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1954

BY

THE PRINCIPAL SCHOOL MEDICAL OFFICER,
DR. R. G. SPRENGER

To the Chairman and Members of the
City of Nottingham Education Committee

Ladies and Gentlemen,

Once again I have the honour to present the Annual Report on the work of your School Health Service.

The report gives an account of the varied activities of the Service during 1954 including statutory obligations as laid down by the Education Acts, and an account of other activities, many of them the result of findings at medical inspection, some of a medico-social nature, and others in the nature of preventive work the result of which is difficult or impossible to assess.

In the beginning I would like to lay stress on the point that the School Health Service is essentially a branch of preventive medicine concerned over a period of years with children, many of whom are unconscious of any ailment but who may in point of fact be far from a satisfactory state of health. This often means the co-ordinating of information gained from numerous sources, e.g., parents, teachers, reports of school nurses, psychological and pathological tests. The work is not easy, as the whole basis of training of medical students and nurses hinges on the diagnosis and treatment of disease rather than on the preventive aspects and the factors which make children susceptible to disease.

The health of the school population during 1954 was on the whole satisfactory. There was no epidemic disease of a serious character although minor epidemics of Sonne Dysentery in the northern parts of the City, of Measles in the Lenton area and before Christmas an indefinite pyrexial condition, called Influenza for want of a more accurate name, did occur.

Medical inspections of the groups as laid down in the School Health Service and Handicapped Pupils Regulations, 1953, have now been brought up to date, and with a full staff of medical officers other inspections have been completed. It has been possible for medical officers when in schools to find time to make that personal contact with the head teachers for the discussion of mutual problems, of individual children, and for the inspection of buildings, kitchens, etc., all of which are desirable and add considerably to the happy relationship which exists between the School Health Service and the teaching staffs.

The liaison between the Service and the hospitals, etc. continues to be satisfactory and there are few children about whom I do not receive reports. These are often lengthy and with a wealth of detail, but at times fail to enlighten me on the points I am most actively interested in.

STAFF

Medical Officers : With Dr. Newth's retirement and my appointment as Principal School Medical Officer, my old post of Senior Assistant was not filled. Dr. Hunter was appointed School Medical Officer and took up his duties on 1st August.

Dr. McCulloch, who had been in the Committee's service for over thirty years, decided to retire in June and left the City. She had been a loyal and conscientious medical officer whose opinion was always valuable. Of a rather retiring disposition, she had been a very tower of strength among the medical officers. I would like to take this opportunity of thanking her for many years of excellent service and of wishing her a happy and lengthy retirement. Dr. Rowland resigned when she left the City in August. She had been a school medical officer since 1943.

We were fortunate in being able to secure the services of Drs. Fogarty and Smith to take the places of Drs. McCulloch and Rowland.

Dental Officers : Unfortunately, on the dental side I cannot report such a happy state of affairs. We have now only two full-time dental officers, and part-time staff equivalent to 1.8 full-time officers. Despite advertising and interviewing several applicants, we were unable to secure additional staff, and the outlook for the immediate future shows no hope of improvement. Taking a long view there seems little likelihood of much change, as the number of students entering the dental schools is barely sufficient to keep pace with the loss by death and retirement of individuals on the dental register.

School Nurses : Four new appointments to the whole-time nursing staff were made at various times during the year to replace school nurses who had resigned. Miss D. F. Morgan retired from whole-time duty in May, after giving most loyal service in the Dental Department for over thirty years. She was re-appointed in a part-time capacity. Miss M. F. Bransfield was engaged in December to undertake duty at the Pipewood School.

Psychiatric Social Workers : Miss D. Worth, Senior Psychiatric Social Worker, resigned on account of ill-health in March after giving most valuable service for ten years. She was replaced by Miss A. Watson.

Mr. A. Herbert was appointed Psychiatric Social Worker and took up his duties in September. The Child Guidance Centre had been without a second whole-time psychiatric social worker for the previous eleven months.

Clerical Staff : There were frequent resignations from the clerical staff during the year, owing perhaps to the higher salaries and better working conditions obtainable in industry.

MEDICAL INSPECTION

Fortunately, in 1954 with almost a complete medical staff for the greater part of the year, school medical inspections have been brought up to date, the number inspected in the Prescribed Age Groups being 11,140, made up of 4,545 Entrants, 3,409 Second Age Group and 3,186 Leavers.

Other Periodic Inspections : 10,199 children were seen as Other Periodic Inspections, bringing the total number of medical inspections to 21,339. The following table shows the various groups seen as Other Periodic Inspections :—

Other Periodic Inspections : Analysis of Groups :

Nursery Classes other than Entrants	585
Intermediate (I) Group	6,280
Practical Classes	1,135
Grammar Schools..	1,428
Open-Air Schools	437
Special E.S.N. Schools	288
Deaf School	46
	10,199

Refusals : The parents of 13 children refused medical inspection. This number is the same as in 1953. In all of these cases the children appeared to be well cared for and no immediate action was considered necessary.

Institutions of Further Education : Whole-time students of Institutions of Further Education were inspected as follows :—

College of Art and Crafts	73
Clarendon College	14
People's College	38
Nursery Nurses Training Centre ..	34
	159

Other Inspections : As in previous years the medical officers carried out inspections of young people in the following categories :—

Printing Trade Apprentices ..	46
Junior Nursery Assistants	12
Candidates for entry to Training Colleges	90
Candidates for entry to the teaching profession	55

General Condition : The following table indicates that the medical officers are satisfied with the physical development and nutrition of the children on a subjective assessment of their condition. There is no definite ruling to help medical officers to differentiate between Good and Fair but most medical officers are certain which children should be graded as Poor. Even among pupils classified as Poor one has to consider more than just the weight, height and general appearance. Such points as hereditary tendencies, nutritional and environmental factors, a history of recent illness, or a constitutional condition (the result of hormone deficiency or hyperactivity) have to be taken into consideration. One can call to mind families in which children have been regarded as of Poor General Condition just because both parents were spare and undersized.

Year	*No. inspected**	*Good* (%)	*Fair* (%)	*Poor* (%)
1948 ..	19,721	34 ·4	63 ·0	2 ·6
1949 ..	19,571	45 ·3	51 ·3	3 ·4
1950 ..	19,158	50 ·3	47 ·8	1 ·9
1951 ..	16,519	55 ·2	43 ·8	1 ·0
1952 ..	18,045	58 ·4	40 ·6	1 ·0
1953 ..	19,135	61 ·6	37 ·9	0 ·5
1954 ..	20,453	70 ·8	28 ·9	0 ·3

* The second and third terminal inspections of pupils attending Nursery Classes and Open-Air Schools have been excluded.

Results of Medical Inspection : Table I (C) on page 37 gives the actual numbers of *children* found at Periodic Medical Inspection to require treatment while Table IIA on page 38 shows the *defects* found at all inspections, periodic and special.

The percentage of children requiring treatment does not vary greatly from year to year, as is shown by the following table.

Group	*Children found to require treatment (excluding dental defects, uncleanliness and defective vision)*					
	1949	1950	1951	1952	1953	1954
Entrants ..	12 ·5	12 ·5	11 ·9	13 ·2	15 ·9	15 ·9
Second Age Group	5 ·3	4 ·6	4 ·1	3 ·8	4 ·8	7 ·5
Third Age Group	3 ·7	2 ·2	3 ·6	3 ·6	4 ·1	3 ·1
Total ..	8 ·4	6 ·9	6 ·7	8 ·1	10 ·3	9 ·7

Children placed in General Condition Category " C " (Poor General Condition) :

Total pupils placed in Category " C " .. 63

Having School Dinners :

24 Yes
35 No
4 Occasionally

Having School Milk :

59 Yes
3 No
1 Occasionally

These children are under regular observation and I hope to make an attempt to classify the causes of their poor condition next year. This may be difficult as so often there is no obvious cause and all forms of investigation prove negative. It may, however, produce interesting results.

FINDINGS AT MEDICAL INSPECTION

Skin Conditions :

In need of treatment :	258
For observation :	8

Numbers are of little interest as numerous acute and very temporary skin conditions are found at medical inspections. The contagious conditions are always however worthy of especial note, but none gave cause for anxiety.

Ringworm continues to show a reduced incidence and although several specimens were sent to Sheffield for culture no case of human ringworm fungus (M. Audouini) was found.

Scabies continues to show reduced numbers, only sixteen cases being reported from all sources.

Impetigo figures remain comparatively stable, and most of the cases are of a mild type, it being rare to see a typical gross infection such as was common in pre-war days. The advent of the antibiotics and sulpha drugs has, of course, given the doctor two powerful weapons against the causative organism.

Eyes :

Defective Vision :

In need of treatment :	527
For observation :	79

When one considers that most of the 527 children who were referred for treatment had no previous idea that this defect was present it does seem that regular testing of vision is a highly desirable requirement. When it is realised that a further 988 children were discovered in other ways during the year to need treatment for a visual defect there would seem to be a very high proportion of defective vision in the general population. In our present state of knowledge there are no means of reducing this number although it is gratifying to know that the bulk of the visual defects are correctable with glasses and that the total number of severe defects remains low (36 partially sighted and 3 blind).

Squint :

In need of treatment :	225
For observation :	28

The number of children noted at school medical inspection as needing a special examination for a squint is nearly double that for the year 1953 and it is difficult to find an explanation for this unusual rise, especially in view of the fact that fewer children in the youngest age group were examined.

Other eye conditions :

In need of treatment :	56
For observation :	5

56 children were noted at medical inspection to require treatment for other eye conditions. They were suffering largely from external eye conditions, such as blepharitis, conjunctivitis and styes, almost all of a temporary and readily curable nature.

Colour vision : A start has been made with the testing of the colour vision of all leavers, but as yet no figures are available. I have thought that this was highly desirable for some years because the knowledge of colour blindness may have a very considerable influence on the choice of occupation

of a school leaver. Colour vision has not only to be perfect in the case of railway and navigational employment, but also in the printing, lithographic and dyeing industries which are much sought after careers in Nottingham.

Ears :

Hearing Defects :

In need of treatment :	70
For observation :	27

The above figures seem high, but a proportion of the cases are children with other nose and throat defects, and indeed a fairly high percentage of children seen as follow-ups after T. and A. operation were noted originally as being deaf, and almost all of them show complete recovery of hearing in the course of a few months. If recovery is not satisfactory or is incomplete the outlook is usually not very good.

Even if a child has had persistent or frequent otitis media as a result of nose and throat disease which has left severe damage to the drum head and middle ear it is surprising how complete can be the recovery once the naso-pharynx is healthy. If, however, a chronic running ear does not clear up as a result of operation or other treatment to the nose and throat the prognosis is unsatisfactory, and steady degeneration of the hearing can be expected.

Otitis Media :

In need of treatment :	54
For observation :	2

This term is usually applied to chronic suppurative otitis media. The 54 cases who were found at medical inspection to need treatment, are more than twice as many as last year. It is difficult to give an explanation for this increase as the medical officers have been using auriscopes for some years. It may be that new medical officers like new brooms have swept clean. I cannot imagine that there is any real increase in the numbers, unless the poor weather during the summer period can have had any effect. The condition is a personal nuisance, of course, and it now has national reactions in that sufferers are not accepted for service with the armed forces, or are placed in a low medical category, which is unsatisfactory from an individual and a national angle.

All cases of chronic otitis media were in the beginning acute cases which were neglected and in these days of antibiotics which are completely specific, there does not seem to be any real reason for this persistent and often objectionable condition. It still presents a problem, not only to school medical officers, but to general practitioners and medical boards, as well as to the individual who has to face a future of diminishing hearing.

One point which does come to light is that there is an abnormally high proportion of otitis in the children attending E.S.N. Schools, suggesting that neglect or indifference is an element in its incidence.

Other ear conditions :

In need of treatment :	66
For observation :	2

Other ear conditions are usually of a temporary nature including external otitis, which is not very common, furuncles (boils) in the ear channel and obstruction with wax or foreign bodies.

Nose and Throat Conditions :

In need of treatment :	770
For observation :	350

The above figures are very similar to those of 1953.

It would seem that we have arrived at a state in which our facilities for providing T. and A. operative treatment are just capable of dealing with the cases referred, so that during 1954 the waiting list for T. and A. operation at the Central School Clinic kept steady, with little or no tendency to change ; a very satisfactory state of affairs.

Most of the cases of nose and throat defect are children with enlarged tonsils and adenoids. In this Authority we have always maintained a conservative attitude towards the enlarged tonsil so that we have over a thousand cases under observation and a waiting list for operation of less than four hundred.

Speech :

In need of treatment :	50
For observation :	21

Many children with speech defects will " grow out of their difficulty," but on the other hand there are many who may develop a habit of bad speech especially if encouragement in the home is absent. It is these with whom we must concern ourselves and who make up the bulk of the numbers treated by speech therapists.

There are, however, others who need treatment, encouragement, and help over long periods. These include the stammerers, those with cleft palate, and others with organic conditions affecting mouth, tongue and possibly air passages.

Cervical Glands :

In need of treatment :	62
For observation :	80

In the main medical record card a defect number is allotted to cervical glands. This is a remnant, I feel, of the " good " old days when tuberculous glands were common in the community, when raw milk from untested cows was distributed by dairymen whose premises were never inspected, and who in their ignorance had no idea that their milk contained disease producing organisms. With stringent inspection and Bye-laws ensuring that all milk from untested cattle is pasteurised we can expect to find fewer and fewer cases of enlarged cervical glands due to the tubercle bacillus.

Cervical glands, however, are at times enlarged for other reasons, usually secondary to infection of the tonsils, and attention to this cause will almost invariably clear up the condition. The proportionately large number of children under observation includes some being followed-up after T. and A. operation.

The numbers noted this year are larger than last, but considerably smaller than those of the previous year. It is difficult to give a reason for this.

Heart Conditions and other Circulatory Disturbances :

In need of treatment :	2
For observation :	116

We can congratulate ourselves that we are living in days when any heart murmur is no longer considered as necessarily meaning heart disease.

The medical officers find many children whose heart sounds are abnormal, or who have added or altered sounds. If there is any question of ill-effects from this they can have the benefit of an opinion from Dr. Page, the Paediatric Consultant, who at the same time can reassure the parent. If there is any doubt, Dr. Page is able to arrange for further examination, X-ray, E.C.G. (electro-cardiogram), or, if necessary, for investigation at hospital. The benefit of his advice as to the amount of school activities which a child can undertake is highly valuable.

In his brief report on page 27, Dr. Page refers to the increase in the number of cases of Rheumatic Fever, Chorea, etc. This is unfortunate, as during the last few years there has been a very noticeable diminution in these conditions. Many doctors have noted a tendency for diseases to run in cycles, for which there is no obvious or adequate explanation. It will be interesting to note whether related conditions such as Scarlet Fever show any tendency to run parallel with the above.

Lung Conditions :

In need of treatment :	159
For observation :	214

Figures show that there are still too many children who after pneumonia or severe bronchitis are left with a persistent residual chronic chest catarrh, at times severe enough to be an actual bronchiectasis. There may be two possible and strangely enough opposite reasons for this, the first being the neglect of elementary precautions often associated with inadequate diet in a debilitated child whose appetite is jaded, and who as a result has no energy and no desire to do anything active. The second reason is the over-protection and faddiness of parents who discourage a child from taking the exercise which he needs to get his lungs functioning fully again. In both cases a future of semi-invalidism is being built up, and one cannot help but feel that it could have been avoided if parents had remembered that a child should be encouraged to work off his natural energy as soon as he is over the acute stage of his illness, and that the School Health Service is prepared to help them, even to the extent of arranging convalescent home treatment for their children.

Developmental Conditions :

Hernia :

In need of treatment :	15
For observation :	24

Other :

In need of treatment :	30
For observation :	308

In these days most parents will ask if their child's hernia can be repaired by operation as soon as possible. There seems to be almost urgency in the matter when it is discussed with them ; they want to have it done before the child becomes too active, before he starts doing physical training, or riding his bicycle, before he goes into the secondary school and most certainly before he starts work. It is rare now to need to persuade parents that operation is desirable, although one can remember the day when the reply would be " It doesn't hurt him, why worry ? " It may be that the compensation laws have affected their decisions, but whatever the reason, it is all to the good.

Co-operation with hospitals is very good, and cases are seen by a consultant surgeon quite quickly, but how long they have to wait for operation is a different matter. The same observation applies to other surgical conditions, such as circumcision.

Orthopaedic Conditions :

Posture :

In need of treatment :	101
For observation :	7

Flat Foot :

In need of treatment :	145
For observation :	39

Other :

In need of treatment :	91
For observation :	55

As a result of improved hygiene all round, e.g., better housing, better realisation of food and vitamin values, and pasteurised milk, it is rare now to see the gross bone disease which was so common thirty years ago. Rickets is a rarity now and the incidence of tuberculous bone disease is steadily falling. This, of course, is all to the good generally, but especially from the orthopaedic angle. It is now possible to arrange for treatment of the innumerable lesser defects, many of them extremely crippling, which could not receive attention previously because time and beds were occupied by long-term gross bone defects. Now toe and foot defects can be attended to, muscle and tendon transplants can be done and deformities too severe to react to remedial exercises can have systematic intensive treatment.

There are, however, too many postural defects of a minor nature still found at medical inspection. Round shoulders, flat chests and general poor muscular development are all too common and are likely to become more so. There is an increasing tendency for children to be entertained and not to combine their own physical activity and entertainment. " Pictures " are blamed for a lot of peculiar and unusual misdemeanours and behaviour difficulties. Television will obviously also have to accept its share of responsibility, but may it not be that formerly there were not these things to take a child's interest ? Then he created his own amusement and in the doing of it " ran off " his superfluous energy, had no time to mope and as a result generally showed a better physique, better appetite, and more joie-de-vivre.

In speaking of these postural defects one cannot help but feel that there is a tendency in school to encourage the child who has a natural aptitude for physical games and activities at the expense of his fellow who does not share his enthusiasm. While one could not hope nor expect to see children graded according to their physical development in much the same way as they are graded intellectually, I should like to see the physically backward receive that little extra attention and encouragement they so badly need. This opinion is largely shared by the orthopaedic consultants.

Conditions affecting Nervous System :

Epilepsy :

In need of treatment :	1
For observation :	21

Other conditions :

In need of treatment :	5
For observation :	37

In August, 1953, the Ministry's new Handicapped Pupils Regulations came into force. In these, Epilepsy was considered as a handicap which should be ascertained, whereas previously only the gross cases were noted and they had to be educated in Special Schools. The less severe cases were noted as Delicate and might need some restriction in their activities. Now all cases of Epilepsy are recorded as such, so that figures for the past year will not bear any relationship to those of previous years.

Children with Epilepsy whose fits are well controlled by medication can attend ordinary school, and are encouraged to lead as normal a life as possible. This is obviously desirable, and restrictions are limited to the prevention of swimming, climbing and cycling, where this applies.

In the case of children whose condition is not stabilised parents are usually very co-operative when the question of residential education is raised. At the end of 1954 there were six children in residential special schools. There they can have their condition investigated, an accurate account of the number and type of fits can be assured, and the effect of the necessary dose of sedative accurately noted. If they remain stable for a reasonable period they can return home.

It is necessary to consider two years as the minimum period of freedom from fits before a case can be regarded as cured.

In connection with Epilepsy I would like to thank Dr. Macmillan and his staff at Mapperley Hospital for their co-operation in arranging E.E.G's. (Electro-Encephalograms), which are a considerable help in the diagnosis of Epilepsy. This is merely an electrical test which does not involve any upset to the patient and which only requires the ability to co-operate on the part of the patient.

Cerebral Palsy : I am including some notes here on Cerebral Palsy as although the physical handicap is the most noticeable defect the condition is essentially a nervous disease with brain changes, very often the result of birth damage. This condition has been very much before the public recently as the Spastic Societies are very active, appealing for help and funds in all the available media of press, cinema, radio and television. While most spastics can be considered as cerebral palsy cases the reverse does not apply, and it can be fairly truly said that no two cases are exactly alike. Many have a very considerable physical handicap which is most noticeable, with possibly little else. Many have, in addition to their paralysis, varying degrees of damage to their intellectual development, while others have little in the way of muscle involvement, possibly a defect of speech, eyesight or occasionally hearing being the main result of their brain damage.

Psychological Development and Stability :

Development :

In need of treatment :	10
For observation :	17

Stability :

In need of treatment :	12
For observation :	14

As a Department we are concerned in these conditions. We meet them in the form of delayed educational progress, of emotional upset, and in inability to adjust to the social requirements of a group, whether because of unsatisfactory standards of behaviour or of actual misdemeanours. The small numbers noted are an indication of the general stability of the school population, and of a low level of immaturity. Delay in development may, of course, be part of a physical or organic condition as previously noted when I referred to cerebral palsy conditions.

HANDICAPPED PUPILS

Under the School Health Service and Handicapped Pupils Regulations, which were altered and brought up to date in August, 1953, we are concerned with the following categories of pupils who need special educational treatment. The categories were fully defined in my last Report and most of them are self-explanatory. The necessary special educational treatment may commence as early as two years of age.

The position at the end of 1954 was :—

Blind :

In Sunshine Homes	2
Awaiting placement	1
	3

These three children are all under five years, and in the Sunshine Homes they receive elementary and group training.

Partially Sighted :

In Ordinary Day Schools	27
In Boarding Special Schools	8
Awaiting a vacancy	1
	36

The large numbers in ordinary schools are under regular observation and, if as a result of degeneration in their vision their response to ordinary education is showing signs of slowing up, it may be necessary to arrange for their future education in a boarding special school.

Deaf :

In Day Special School, Forest Road	30
In Boarding Special School	1
In Independent Boarding School	1
Awaiting a vacancy	1
	33

Most of our deaf children remain in their own homes and attend the day special school. The two children at boarding school have been so placed because of unsatisfactory home conditions. Similar conditions apply to the child awaiting a vacancy.

Partially Deaf :

In Ordinary Day Schools	56
In Day Special Schools	14
In Approved School	1
	71

The fairly large numbers in ordinary schools are, like the partially sighted, under regular observation, not only in school but by the ear, nose and throat specialist who sees them at intervals and assures himself with the help of an audiogram that their hearing is not deteriorating. The number of partially deaf pupils is higher than last year. This is an unsatisfactory state of affairs, but it gives a feeling of satisfaction to know that the condition is recognised and is under observation.

Delicate :

In Primary or Secondary Modern Day Schools ..	251
In Secondary Grammar Schools	19
In Secondary Technical School	1
In Nottingham Boys' High School	1
In Day Open-Air Schools, Arboretum and Rosehill ..	145
In Hospital Special School, Gringley-on-the-Hill ..	1
In Boarding Special Schools	24
Awaiting placement at Boarding Special School ..	2
	444

This is a very comprehensive group of handicapped children suffering from various conditions which may merely restrict their activities to a slight degree while they remain in ordinary school or who may have severe heart or lung conditions necessitating their physical activities being reduced to a bare minimum.

In Nottingham, as the above table shows, most of these handicapped children are in ordinary schools with whatever restrictions or alteration of the curriculum may be necessary. Examples of this type of case are the child with a persistent otitis media who has to be excused swimming because of the risk of complications, the asthmatic child who while usually fit to do most things may at times have to be excused all activities, and the child recovering from a rheumatic infection involving his heart who may for a period not be fit for any activities or for limited activities only. The same observations apply to the children in the day open-air schools, but in their case, often as a result of considerable loss of school time, their delicate condition may be associated with some degree of backwardness which can be catered for more effectively there.

Those children in boarding special schools have almost entirely some debilitating condition for which regular treatment, regulation of daily routine, together with encouragement and help in educational work are essential. Occasionally with these children there is some factor in the home which is affecting their return to full health and which can only be obviated by residential treatment. This particularly applies to asthmatic children, the home factor often being impossible to pin point, but the fact remaining that they almost invariably do very well in residential schools.

Educationally Sub-Normal :

In Day Special Schools, Hardwick and Rosehill ..	318
In Boarding Special Schools	9
Awaiting placement in Day Special Schools	20
Awaiting placement in Boarding Special Schools ..	1
	348

During the year 66 pupils were ascertained as educationally sub-normal and 58 pupils were admitted to day special schools.

20 children were referred to the Local Health Authority under Section 57(3) of the Education Act, 1944, and 18 under Section 57(5).

The number of children ascertained annually as educationally sub-normal seems to remain at about the same level. There is possibly a slight tendency towards an increase, but in proportion to the school population the number remains fairly steady and is in close relationship to the figures of other authorities and to the Ministry's estimate.

The decision to ascertain children as educationally sub-normal is one which is made carefully and unhurriedly. Nearly all the children concerned have been in practical classes, and many of them have had special teaching in an endeavour to improve their reading or arithmetic. All have been seen in school by the educational psychologist, who may have observed their slow progress over several years and have finally decided that they should be referred to an approved medical officer for ascertainment or for investigation into the cause of the persistent dullness. Then and only then is it decided finally that a child needs special educational treatment as a handicapped E.S.N. pupil. Our usual principle, of course, is not to send these children to residential schools, but on occasions it is necessary to do so, as for example when home conditions are unsatisfactory, or when it is desirable to move a child from the City by reason of associations which need to be broken or for other definite reasons.

In Nottingham we have a considerable advantage over County authorities, being a reasonably self-contained area with facilities easily within reach. Despite this it is essential to use two hostels for E.S.N. children, and these are always full. Unfortunately, most of the children have to be retained for considerable periods as their homes are unfit or unsuitable for them. There are times, however, when it is possible to return children to their own homes. In this connection, I am indebted to the Superintendent and Staff of the School Welfare and Attendance Department for the help they give us and for the encouragement and advice they are able to give to parents when a child is returned home.

Rosehill Hostel is capable of housing 14 boys and Burns Street Hostel 11 girls. It is interesting to note the general improvement in the hostel children, not in intelligence, but in their emotional and social adequacy, their attitude towards work and their improved ability to fit into the group. It is a change which is most striking, and for which I would like to give a word of thanks to the hostel staffs.

Epileptic :

In Ordinary Day Schools	43
In Boarding Special Schools	6
	49

Mention has already been made of children suffering from this condition under the findings at medical inspection. As with other handicapped pupils most of them are in ordinary schools. They are able to lead normal lives with the minimum of restrictions, and their fits, being almost entirely controlled, do not produce any difficulty. The few cases in residential schools have been difficult or impossible to stabilise, either owing to the condition itself or as a result of poor home co-operation and consequent irregular medication. Recurrent attacks become a disturbing element to all concerned, both in school and in the home.

Physically Handicapped :

In Ordinary Day Schools	11
In Day Open-Air Schools, Arboretum and Rosehill ..	18
In Boarding Special Schools	6
In Hospital Special School, Gringley-on-the-Hill ..	2
Awaiting placement at Boarding Special Schools ..	3
Receiving home tuition	6
	46

The handicaps in this group are more or less permanent, although not necessarily incapable of improvement. They include a large group of cerebral palsy cases, most of whom are at special schools, although a few whose paralysis is less noticeable attend ordinary schools. There are some children with congenital conditions, a few with infantile paralysis and severe rheumatic or congenital heart lesions, and one or two who need especial care, such as one with haemophilia and another with a disease in which her bones are brittle and break readily with at times unsatisfactory union and considerable crippling.

Home education : Certain children are too handicapped to attend any type of day school, even with the help of transport, and there may be difficulties in the way of sending them to a residential school, or the parents may refuse to give permission for a residential school.

At the end of the year six children were receiving home tuition. They consisted of two cases of cerebral palsy, a child with rheumatic heart, one with muscular paralysis, and two cases who had been discharged from hospital (one with a hip in plaster and the other with a tubercular condition). There was also a dwarf, who also suffers from epilepsy and whose fits are so uncontrolled that it had been impossible to provide regular tuition.

Three other children had been receiving home education during the year, but early in December one died and the other two left the City.

Maladjusted :

In Ordinary Day Schools	7
Silverwood, Nottingham C.B.	6
The Gables, Nottingham C.B.	7
The Grove, New Balderton, Notts. C.C.	11
Bourne House, Kesteven C.C.	1
Red Hill School, East Sutton	2
Stoneygate School, Leicester	1
Salmon's Cross School, Reigate	1
Dr. Barnado's Home, Clacton-on-Sea	1
	37

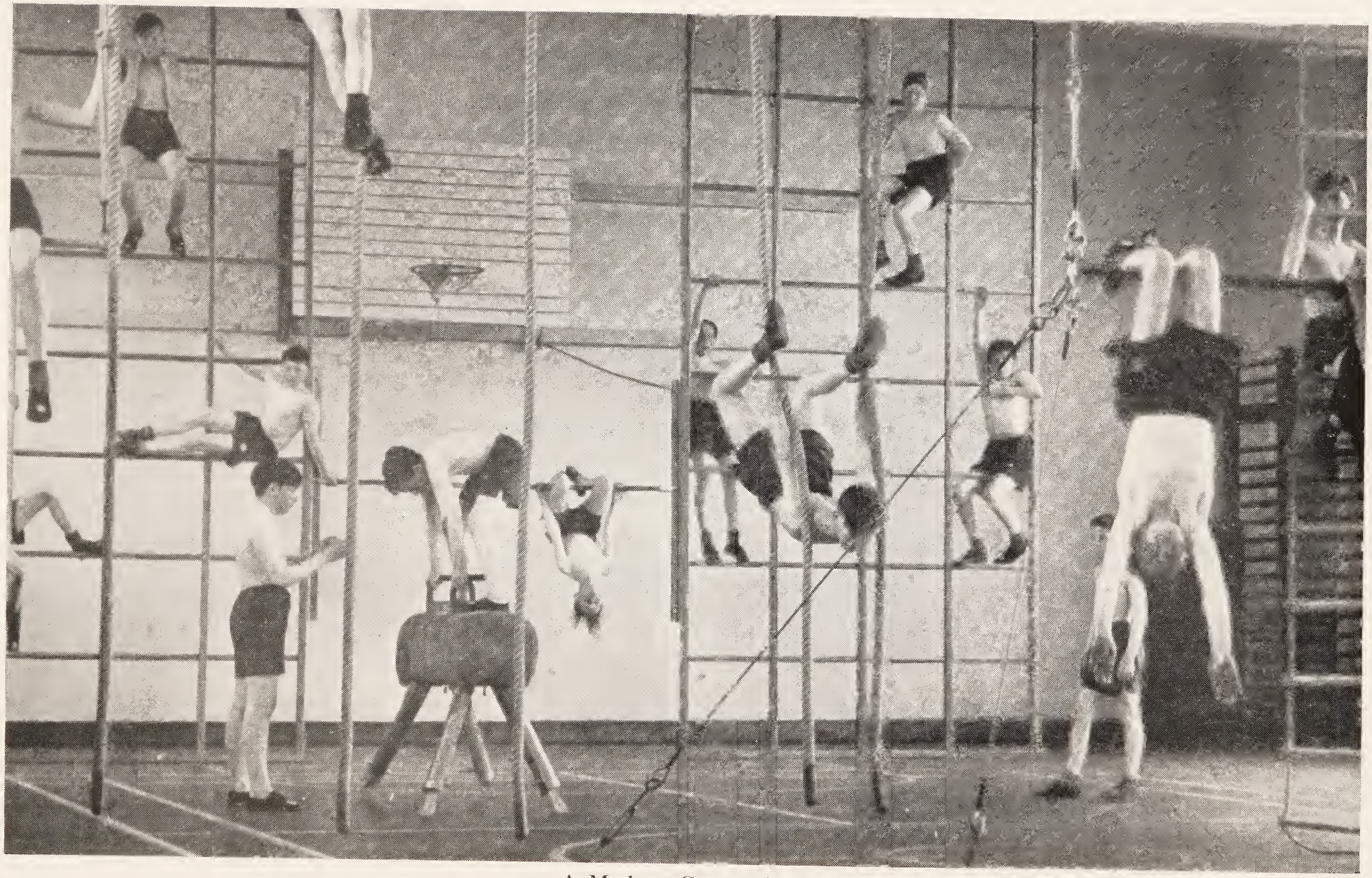
Most children in this group are in hostels or boarding special schools. Those noted as being in ordinary day schools were discharged from the hostels but retained on the Handicapped List and kept under observation to make sure that they did not revert to their old anti-social behaviour or nervous disorder, following return to their own homes.

CHILD GUIDANCE

I have endeavoured to continue the work of this department along the lines originally laid down by Dr. Newth and have been fortunate in that staffing difficulties have been overcome. We can congratulate ourselves on having a complete team at the moment.

The two psychiatrists seconded to us by the Regional Hospital Board have close connections with St. Ann's Hospital, so that any necessary liaison between the Child Guidance Centre and the Hospital is easy and presents no administrative difficulty. There is also close co-operation between the Centre and the general work of the School Health Service and the other departments of the Education Committee, particularly the School Welfare and Attendance Department, and with the Children's Committee and the Maternity and Child Welfare Department of the Health Committee.

Arboretum Day Open-air School : Activity Period
(Physically Handicapped Children in the foreground)



A Modern Gymnasium

Dr. Greener, Consultant in Psychiatry, who attends at the Centre on four sessions weekly, has kindly submitted the following.

Report by Dr. J. E. Greener, M.B., Ch.B., D.P.M., D.P.H.

The Nottingham Child Guidance Clinic was one of the first of its kind, and was well-established when I came to work in the City in 1952. It is well integrated with the School Health Service. I have appreciated greatly the close liaison with the Principal School Medical Officer and the specialist services of the School Health Service. The psychiatrist needs to know everything about the child, his parents and his background, in order to assess and to treat emotional difficulties, and the easy access to all these particulars has proved invaluable in my work.

In 1953 and for part of 1954, the clinic team was unavoidably depleted in that the vacancies for two psychiatric social workers were unfilled. This increased the burden of work on myself and all other members of the clinic staff, and resulted in some treatment being delayed and the needful contact with various agencies more difficult to achieve. During 1954 we were fortunate to fill the gaps in our ranks with Miss Watson, who took over Miss Worth's post as Senior Psychiatric Social Worker, and later with Mr. Herbert who succeeded Miss Stark as Psychiatric Social Worker ; both are enthusiastic workers. The real benefit of a full clinic team was shown immediately, by the rapid improvement of the children whose parents could now be seen regularly by trained workers. It had proved impossible for the depleted staff to provide the treatment required, owing to the large numbers dealt with in such a long established clinic. In addition, closer contact with hostel staffs and the Children's Officer became possible and the service resumed its former comprehensive nature.

Emotional disturbance assumes many disguises, and the classified list of disorders cannot portray the variety of symptoms for which advice is sought, but gives some idea of the basic problems.

Treatment includes not only individual therapy with the child, but also modification of the home, the school, opportunities for the use of leisure, and in some cases residential care in a hostel, home, or in hospital.

The service is fortunate in being able to provide such residential treatment which is managed with close co-operation by the clinic team.

It is particularly gratifying to myself to find that former patients voluntarily call at the clinic to report progress, or to discuss some minor problem, and that, however busy the staff are, one of them makes time to satisfy this need.

I believe that we are moving towards a true preventive service in the field of mental health. The measure of our success is difficult to assess, but is probably greater than can be shown by statistics.

The child guidance cases were referred by :—

Teachers	73
School Welfare and Attendance Department	6
General Practitioners	35
School Medical Officers	33
Child Guidance Workers	13
Children's Officer	33
Probation Officers	7
Parents	20
Others	3
	223

Reasons for Referral :

I.	**Nervous Disorders :**	
	Fears	33
	Seclusiveness	3
	Depression	5
	Excitability	1
	Obsessions	1
II.	**Habit Disorders and Physical Symptoms :**	
	Speech disorders	1
	Sleep disorders	13
	Movement disorders	8
	Feeding disorders	2
	Excretory	29
	Nervous pains, etc.	3
	Fits	4
	Physical disorders—asthma	1
III.	**Behaviour Disorders :**	
	Unmanageable	33
	Temper	4
	Aggressiveness	4
	Demanding attention	1
	Stealing	20
	Truancy	4
	Sex difficulty	8
IV.	**Psychotic Behaviour**	1
V.	**Educational Difficulties**	15
VI.	**Special Examinations :**	
	Educational advice	3
	Court examinations	25
	Adoption	1

Age at time of Referral :

Age	*No. of cases*	*Age*	*No. of cases*	*Age*	*No. of cases*
2 years	2	7 years	33	12 years	19
3 ,,	4	8 ,,	22	13 ,,	14
4 ,,	7	9 ,,	20	14 ,,	20
5 ,,	14	10 ,,	19	15 ,,	8
6 ,,	19	11 ,,	21	16 ,,	1

These figures are not of any real interest in themselves but they do show that there may be something in the parents' story that " they do change at 7." Almost consistently for some years the largest number referred for advice occurs in the 7 year old group, and there must be, I presume, some explanation. Can it be that the youngsters begin to feel a spirit of independence, or a sense of inferiority, or having mastered the rudiments of 3R work acquire a feeling of superiority ? Whatever it is, it seems to be an age when children are liable to kick over the traces or to develop other unusual traits, or is it just that having reached the age when they pass into the junior school where unusual tendencies are not tolerated in the same way as in the infant department the attention of every one is focussed on what previously was considered of no real consequence ?

Intelligence quotients :

Under 65	1	105—114	36
65—74	6	115—124	24
75—84	29	125—134	17
85—94	47	Over 135	7
95—104	51	?	5

Disposal :

Referred for examination by psychiatrists	185
,, ,, treatment	6
,, ,, observation and follow-up	9
Examined and discharged the same day	23

The following is a brief summary of the work carried out by the Child Guidance team during 1954 :—

New Cases seen :

Grammar School Tests	92
New cases receiving Educational Therapy (excluding C.G. cases)	352
Handicapped Children seen by Senior Educational Psychologist	14
Child Guidance cases	223
Total	681

Examinations :

Psychiatrists	171
Physician	180
Psychologists	559
Psychiatric Social Workers	178

Re-examinations :

Psychiatrists (excluding 50 attendances for treatment)	236
Physician	74
Psychologists	2
Psychiatric Social Workers	72
Attendances for treatment	9,377
Interviews with parents	767
Interviews with others	188
Home visits	47
School visits	743
Hostel visits	29
Number of cases seen by Psychiatrists and referred for treatment	70
Number of cases treated by Psychiatrist and Psychotherapist	104
Number of cases treated by Educational Psychologists	142
Number of cases treated by Educational Therapist ..	462

Finally, I would like to add a note about one of the less spectacular aspects of the work of the Child Guidance Centre, the constant checking and examination by the educational psychologists of children who have fallen behind educationally. This work occupies the bulk of their time. It is very essential to know which children are lagging, which need a little help and encouragement, and so on.

The following report has been supplied by Mrs. J. Fry, M.A., Ed.B., Senior Educational Psychologist :—

Children in practical classes examined by Educational Psychologists during the year 1954.

During the year the Educational Psychologists examined 527 children in practical classes in the schools. In all cases these were children who were educationally backward and presenting an educational problem. The intelligence quotients were ascertained and in quite a number of cases the children were merely backward owing to absence, ill-health or a specific

disability such as poor vision or defective hearing. Others were permanently dull and backward, and when these were educationally sub-normal to a serious degree, they were recommended for examination by the Principal School Medical Officer with regard to their suitability for Special Schools for E.S.N. Pupils.

Wherever possible, the children who were not responding to educational methods in school were given individual Educational Therapy in the Child Guidance Centre as an additional fillip. Constant observation has been kept on slow learners, and non-readers particularly have received a great deal of individual treatment.

Boarding Homes for Maladjusted Pupils :

The work and functions of these hostels has been fully described in recent Annual Reports, and once again I would like to stress their usefulness. They exist to provide treatment for a variety of symptoms, most of them of a nature which had failed to respond to any form of treatment previously. In the hostels the children live as a family, with the warden and matron as immediate parental figures, but with the controlling hand of the psychiatrist in the background. Contact with parents is encouraged. It may be indirectly through the psychiatric social worker at first, but as the steadying influence of the hostel atmosphere, with its quiet efficiency, its sensible discipline and lack of over-indulgence, gradually has the necessary settling effect on the new admission, more direct contact is encouraged and indeed, if possible, the child is allowed home for periods which can be increased in length according to his ability to accept the necessary requirements of social behaviour.

We were fortunate in 1954 in that staffing problems were of no great consequence. As stability in personnel is very desirable, we congratulate ourselves on showing very satisfactory results, and it has been possible to absorb all the cases which were judged by the psychiatrists to be suitable for admission.

The Gables Hostel to which we prefer to send the cases requiring more intensive treatment has accommodation for 12 boys. Silverwood can accommodate 28, but owing to difficulty in finding junior staff it has never been possible to have more than 16 in residence at one time. Even this figure may be on the big side, a smaller number more representative of a family unit being probably the ideal. Indeed, a hostel more on the lines of the Gables would be an advantage, where enough staff could be available to allow reasonable off-duty time for everyone, but a staff small enough to allow warden and matron to be accepted as the parent substitutes.

Children in Hostels :

Hostels of this Authority

	Silverwood		*The Gables*	
	City cases	*County cases*	*City cases*	*County cases*
At beginning of 1954 in residence	7	7	7	4
Admitted during year ..	3	3	4	1
Discharged during year ..	4	4	4	2
At end of year in residence ..	6	6	7	3

City children in Hostels of other Authorities

	Dr. Barnado's	*The Grove, Notts. C.C.*	*Bourne, Kesteven C.C.*
At beginning of 1954 in residence	1	11	1
Admitted during year ..	–	4	–
Discharged during year ..	–	4	–
At end of year in residence ..	1	11	1

Educational Therapy :

Report of the Educational Therapist, Miss W. O. Taylor.

During 1954 the total number of cases of educational retardation treated was 462, comprising 42 in the Child Guidance Centre and 420 in schools. Experimental demonstration classes were formed in September, 1953. In these the Educational Therapist could conduct a weekly reading lesson in the presence of the class teacher, who would then continue throughout the ensuing week the reading methods advocated and so make sure that the poorer readers had daily remedial reading practice.

Very gratifying results were noted in two of the classes where 100% co-operation was forthcoming. In one, a Junior Practical Class which had 18 non-readers at the beginning of the school year, there were no non-readers at the end of the first term, and in a Secondary Modern Class, where the highest reading age in September, 1953, had been 8.4, (Burt's Graded Vocabulary) the following reading ages were reached by March, 1954 :—

11 ·0 and over : 5	8 ·0 to 8 ·9 : 5	6 ·0 to 6 ·9 : 5
10 ·0 to 10 ·9 : 3	7 ·0 to 7 ·9 : 7	5 ·0 to 5 ·9 : 3
9 ·0 to 9 ·9 : 2		below 5 ·0 : 1

A number of these reading ages were further increased before the end of the school year.

In every class noticeable improvement was made, the degree of improvement being dependent upon the general level of the children's intelligence, the amount of daily practice and the co-operation of the staff concerned. Of the 42 cases treated at the Child Guidance Centre by educational therapy 24 were discharged because they had mastered the rudiments of reading and/or arithmetic sufficiently to be capable of working normally in class without further educational therapy, 2 were discharged because they were deemed not capable, because of lack of interest, of benefiting from further remedial lessons, 3 made sufficient progress to be transferred to the groups for secondary readers held in the Albert Hall Institute and the remainder continued to receive remedial tuition.

Classes for Adult Illiterates :

The following reports of the teachers who held evening classes for adult illiterates are of sufficient interest to reproduce.

Report by Mr. S. Leigh.

This class began the year with 12 men, each having an individual half-hourly weekly lesson.

2 men were discharged from the class during the year, since it was felt that they had reached a sufficiently high standard in reading and writing to satisfy their everyday needs. Of the remainder, 7 are making very good progress. 1 man is making extremely rapid progress and will shortly be discharged. The others are making slower progress. Most are of less-than-average ability, and 2 have never attended school at all.

Lessons have continued on an individual basis, even a small class being considered impracticable owing to the varying rates of progress of the students.

Report by Miss E. Leighton.

This class has varied in number between 10 and 13, several students having attended for the whole year, and, indeed, 3 of them for several years. Progress on the whole has been slow, practice often being impossible from lack of patience and help in the home. Attendances have been good, but over-time work tended to be a difficulty with some of the members.

TREATMENT

The following provision is made for the treatment of minor ailments and other conditions :—

Clinic	*Address*	*Treatment Carried out*	*Doctor attends*	*Children's attendances during 1954 for minor ailments*
Central	28 Chaucer Street	Minor Ailments, Refractions, Dental, Electrical, etc.	Tuesday and Friday a.m.	† 15,908
Bulwell	Main Street, Bulwell	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	11,830
Springfield*	Springfield School	Minor Ailments	——	
Leenside	Canal Street	Minor Ailments, Dental Speech Training	Thursday p.m.	8,910
Scotholme	Beaconsfield Street	Minor Ailments	Tuesday a.m.	9,095
Rose Hill	St. Matthias' Road	Minor Ailments, Refractions, Dental, Speech Training	Tuesday p.m.	16,582
William Crane	Aspley Estate	Minor Ailments, Speech Training	Tuesday a.m.	10,579
Jesse Boot*	Jesse Boot School	Minor Ailments	——	7,373
Player	Beechdale Road ..	Minor Ailments, Refractions, Dental, Speech Training	Monday and Thursday a.m.	20,560
Bestwood	Henry Whipple Infant School, Padstow Road	Minor Ailments	Monday a.m.	7,785
Burford*	Burford School	Minor Ailments	——	
Portland	Portland Temporary Infant School, Westwick Road	Minor Ailments	——	1,228 (Opened May, 1954)

* For children attending these Schools only.
† Including U.V.R., Ionisation and Proetz cases.

The new minor ailments clinic at Portland Temporary Infant School was opened in May, use being made of the School medical inspection room. The nurse attends on three afternoons a week. The arrangements are only temporary and may be sufficient to meet the demand, although as the school population in the area increases more permanent accommodation may be desirable.

The lack of clinic accommodation at Clifton has been embarrassing recently, as it means a considerable bus journey to the Leenside Clinic, the nearest and most convenient branch clinic for minor ailments and dental treatment. As I write I understand that the Ministry have given permission for the erection of suitable clinic premises on the Clifton Estate, so the first bridge has now been crossed.

DENTAL INSPECTION AND TREATMENT

Report of the Principal School Dental Officer, Mr. V. C. Carrington, L.D.S.

The work of the Dental Department has been limited by the continuing shortage of staff. At present the full-time dentists consist of myself and Miss Clerke and part-time dentists and dental anaesthetists give a service equivalent to 1.8 full-time officers. The outlook for the future does not hold any likelihood of improvement. As a result of frequent advertisements in the professional journals and the professional columns of national papers we have received only three replies. Two candidates withdrew their applications after interview and the third refused an offer of employment.

With this serious staff shortage it is necessary to arrange that each branch of the work receives a reasonable proportion of the time available, that inspections do not overrun the capacity of the Department to deal with the fillings and extractions found to be advisable, that emergency extractions for toothache receive the necessary attention and that the pre-school child is having adequate treatment. At the same time one must give every encouragement to co-operative parents who desire regular inspection and treatment for their children.

Unfortunately in our present state of knowledge there is no possibility of preventing dental caries, and my colleagues and I look forward with interest to the reports of dental officers in those areas where the authorities have decided on the fluoridisation of the water supplies. It may or may not mean the fulfilment of our hopes of a reduction in caries.

The following table covers a great deal of the work of the Department :—

	1948	1949	1950	1951	1952	1953	1954
Inspection Sessions ..	180	98	81	83	87	100	67
Treatment Sessions ..	1,603	1,098	1,255	1,499	1,736	1,991	1,878
Total Sessions ..	1,783	1,196	1,336	1,582	1,823	2,091	1,945
% of Inspection Sessions ..	10 ·1	8 ·2	6 ·1	5 ·2	4 ·8	4 ·8	3 ·4
Periodic Inspections	28,608	13,126	13,672	14,682	17,814	20,263	11,503
Emergency Treatments	3,429	4,108	4,130	4,005	4,307	4,581	4,957
Permanent Teeth Extracted ..	1,670	1,205	1,495	1,800	1,768	2,833	2,602
Temporary Teeth Extracted ..	14,929	12,109	14,070	14,373	10.634	15,978	15,889
Total Teeth Extracted ..	16,599	13,314	15,565	16,173	12,402	18,811	18,491
Permanent Teeth Fillings ..	6,824	2,918	3,804	5,174	7,346	9,420	8,414

The following points are of note :—

(1) Inspection sessions : It has, of course, been advisable to reduce the number of inspection sessions, as it is of no use looking for work one cannot undertake.

(2) The percentage of inspection to treatment sessions has therefore dropped considerably, and naturally the numbers are lower than for many years.

(3) A disquieting factor is that the emergency treatments continue to rise in number, a natural consequence of the reduced amount of conservative treatment it is possible to give in a scheme of this type.

(4) The slight fall in the number of permanent teeth extracted does not necessarily mean that the peak of the emergency work has been passed. This still continues to be time-consuming and gives no feeling of satisfaction.

(5) The very slight fall in the number of fillings is indeed a creditable performance by a depleted staff, from whom I have received every support for which I record my thanks.

If it were possible to ascertain the number of children with complete sets of teeth who have never needed dental attention, it might give a more positive picture of the dental health of the school child than our present series of inspection/treatment figures.

Orthodontic Treatment : This continues along the same lines, but I find it impossible to give as much time to it as I would like. The cases it is possible to help must be selected carefully, partly on the grounds of the possible final state of the mouth and partly on the likelihood of complete parental co-operation in a form of treatment which is long and often tedious but which can show some really worth-while results.

	1948	1949	1950	1951	1952	1953	1954
No. of cases treated ..	84	100	98	85	90	91	117
Appointments made ..	—	1,093	1,035	1,124	1,288	1,517	2,280
No. of attendances ..	1,014	977	960	1,023	1,222	1,436	2,191
No. of cases completed ..	28	40	57	51	42	49	56
No. of dentures fitted or repaired	31	31	59	51	70	127	130

Dental work for pre-school children : Requests for treatment have been met easily and the work has not caused any embarrassment to the staff. The numbers involved are not as large as predicted, but whether this is a good omen for the future remains to be seen.

Dental X-rays : The X-ray apparatus continues to give excellent service and I have received high praise from colleagues on the excellent quality of the X-ray films on more than one occasion.

DISEASES OF THE EAR, NOSE AND THROAT

T. and A. operations at the Central School Clinic :

During the year Mr. Marshall, Consultant in E.N.T. Surgery, seconded to us by the Sheffield Regional Hospital Board, decided that it was desirable to retain children in the wards for two nights after operation. He came to this decision partly because it had become the regular arrangement in most areas and partly because for some little time there had been a larger number of cases than usual with complications following operation.

Model 1

Model 2

Orthodontic Treatment

Models of the teeth of a girl aged 8 years who received treatment for a badly rotated upper front tooth. Model 1 was taken before treatment and model 2 after rotation under anaesthetic and the wearing of a silver splint.

Model 1

Model 2

Orthodontic Treatment

Models of the teeth of a boy aged 11 years who received treatment for an instanding upper incisor. Model 1 was taken before treatment and model 2 after treatment with regulating appliances.

The re-arrangement involved a good deal of alteration in the duties of the staff and, of course, added expense as a result of the retention of the children for twenty-four hours longer.

The new time-table started in July, and I would like to congratulate everyone concerned upon the smooth and efficient change-over. The new arrangement appears to be working admirably. The parents are grateful, and the children concerned go home fitter and less likely to develop complications. The children are still returned to their home by ambulance in the care of one of the nursing staff, a service which is much appreciated. Parents may if they wish arrange for their own conveyance. The present system is a great improvement upon the arrangement in force until 1946, when parents and children were required to arrange their own conveyance and almost invariably returned home by public transport.

The revised weekly programme of admission to the wards, operation and discharge is as follows :—

Admission	*Operation*	*Discharge*
Monday, 5.0 p.m.	Tuesday, 10.30 a.m.	Thursday, 9.30 a.m.
Thursday, 11.0 a.m.	Thursday, 2.15 p.m.	Saturday, 9.30 a.m.

Although this service is paid for by the Regional Hospital Board, there is close liaison between the staff employed by them and the staff of the School Health Service. This, I think, is of mutual advantage to both. The Principal School Medical Officer is able to keep a supervisory eye on the use of staff, on materials and on the wards and operating theatre at the Central School Clinic, while the Regional Hospital Board have the advantage of knowing that the service is carried on efficiently and economically with the minimum of direct contact between the administrative staffs.

Report by the Consultant in E.N.T. Surgery, Mr. A. R. A. Marshall, M.B., Ch.B., F.R.C.S.

The Ear, Nose and Throat Department continued to provide a service for the examination of school children and the removal of tonsils and adenoids in the necessary cases.

During 1954, 2,380 children attended for examination and a considerable number of these were deferred for review at a later date.

1,074 operations for the removal of tonsils and adenoids were performed at the Central School Clinic.

Audiometric sessions for the detection of deafness and for assessing the results of treatment continued and provided facilities for the prevention of what could amount to a serious disability to education and in later life.

The introduction in 1953 of sessions for Proetz displacement therapy for sinusitis proved very satisfactory. In 1954, 132 children attended for 799 treatments with results that were a great satisfaction to parents and children.

The liaison between the School Health Service and the local hospitals, by which children are referred for X-ray examination and for treatment not possible at Chaucer Street, continued satisfactorily.

Audiometry : This has continued along the same lines as in previous years, 237 tests having been made on 216 children. The figures tend to rise steadily, a sign that minor degrees of deafness are being watched for carefully. Audiograms in partially deaf children are done regularly, so that any depreciation can be noted and appropriate steps taken.

Extra testing sessions have been necessary to keep pace with requests, and once again I would like to convey to Mr. E. F. Ward, the Audiometrician, my grateful thanks for his help and collaboration.

ELECTRICAL DEPARTMENT

Ionisation :

No. of cases of otorrhoea treated	16
No. of other cases treated	437
No. of attendances	1,014

The cases of otorrhoea needing treatment by ionisation tend to fall steadily, partly because other forms of treatment are giving as good results and partly because the suburbs are moving farther from the centre of the City and it is less easy to arrange for unaccompanied children to attend at the Central Clinic. Unfortunately, as I have said elsewhere, the actual cases of otorrhoea are not smaller in number.

Ionisation with Magnesium Sulphate for warts continues to give good results and is being increasingly used by the school medical officers. It has the great advantage of being a painless and simple form of treatment.

Ultra-Violet Ray Treatment :

No. of cases treated	248
Total number of attendances	4,001

The number of cases shows some increase. Doubt has been cast on the effectiveness of ultra-violet ray treatment for any purpose. It is difficult to tell a parent this, especially when she asserts that her child was " so much improved when he had it last time " ; and after all if a child looks better to his parent one must allow that the parent is often the best judge. A large proportion of the children are referred by their own doctors.

Proetz Treatment :

No. of cases treated	132
No. of attendances	799

This suction treatment started in 1953. It has been found very useful for the persistent catarrhal infections following colds, and as it is simple and not troublesome to the patient quite small children can be treated without difficulty.

OPHTHALMIC SERVICE

The arrangements continue as before, refraction and other examinations being carried out at the central and branch clinics by consultants whose services are made available by the Sheffield Regional Hospital Board.

	1949	1950	1951	1952	1953	1954
No. on rolls	42,697	43,607	45,579	47,766	48,880	50,108
Refractions	3,854	3,957	4,124	4,520	4,594	4,646
Percentage	9·0	9·1	9·0	9·5	9·4	9·3
Spectacles prescribed ..	1,741	1,571	1,583	1,794	1,612	1,760
Percentage	4·1	3·6	3·5	3·8	3·3	3·5
Spectacles procured ..	1,288	1,575	1,607	1,789	1,607	1,751

Orthoptic Treatment and Operations for Squint : From the figures given below it would seem that the situation in regard to the treatment of squint whether by orthoptic training or operation is well under control.

Orthoptic Treatment :

	1948	1949	1950	1951	1952	1953	1954
New cases treated ..	84	60	70	79	36	141	64
Total treated	129	102	78	94	48	147	109
Awaiting test or treatment at end of year ..	66	93	89	100	114	11	16

Operations for Squint :

	1948	1949	1950	1951	1952	1953	1954
Operations	91	73	105	95	92	97	99
On waiting list at end of year	24	50	80	143	128	119	109

ORTHOPAEDIC TREATMENT

Orthopaedic Clinic : This continued on the same lines as hitherto, Mr. Malkin attending at the Central Clinic for the examination of cases referred by the school medical officers and seeing a large number of other cases at the Nottingham Orthopaedic Clinic.

Out-patient Treatment :

At Nottingham Orthopaedic Clinic :

New patients treated	523

At other hospitals :

Cases treated	21

In-Patient Treatment :

At Harlow Wood or Gringley-on-the-Hill :

Number of children admitted ..	58
Still in hospital at end of 1954 ..	9

At other hospitals :

Number of children treated ..	118

PAEDIATRIC CONSULTATIVE CLINIC

Report by the Consultant in Paediatrics, A. P. M. Page, M.D., M.R.C.P., D.C.H.

The work of the clinic continued as formerly with the type of case unchanged, i.e., the clinical material covering all sides of medicine.

It is interesting to recall that the clinic was started over twenty years ago to supervise cases of Juvenile Rheumatism during their school careers and that it only became a general consultative clinic with the decline in Juvenile Rheumatism.

In the last two years there has been an increase in the number of cases of Rheumatic Carditis in the Nottingham area. There is therefore likely

to be a considerable increase in the number of cases of this condition for follow-up in the years ahead. It is hoped that the increased number of cases is only temporary and associated with the known variations in the incidence of streptococcal infection.

A high proportion of the cases seen at the clinic have been examples of obesity in childhood, and the majority have been cases of simple obesity due to an appetite out of proportion to the bodily needs associated with a large carbohydrate intake. Endocrine obesity cases have been few and still present difficulties in treatment.

It is now possible with the passage of time to follow-up cases of congenital heart abnormalities who have been treated surgically by the new operations, and to note the great benefit which many have derived from skilful surgery. The following types of case have been seen: Patent Ductus Arteriosus, Pulmonary Stenosis, Tetralogy of Fallot and Coarctation of the Aorta.

No. of cases seen by Dr. Page ..	248
No. of attendances	419

SPEECH THERAPY

The following is a summary of the work carried out by the Speech Therapists during the year :—

Number of cases treated	241
Under treatment, 1st January	131
,, ,, 31st December	174
Under supervision, 31st December	353
Total number of cases discharged (supervisions and treatments)	138

Analysis of discharges :

Cured	67
Improved	36
Referred to Child Guidance Centre	4
Transferred to Special School for E.S.N. ..	4
,, to School for Deaf	1
Left to Private School	2
,, school	5
,, district	7
Treatment discontinued at parents' request ..	5
Treatment discontinued on account of lack of co-operation	7

It was necessary to arrange for one boy to be admitted to Moor House Residential School for Children with Speech Defects. The preliminary arrangements were made while the child was living in London and there was no question of his admission not being necessary.

I would like to introduce here a report by Miss P. N. Glover, the Head Speech Therapist, which includes a reference to the Ferrograph tape recorder recently purchased by the Committee.

Report of the Head Speech Therapist, Miss P. N. Glover, L.C.S.T.

The staff of three speech therapists remained the same throughout 1954. 241 cases were given treatment at the Speech Clinic and the branch clinics.

On referral the child's name is placed on a waiting list, and in due course a preliminary examination is given to determine whether he is in need of immediate treatment. If the defect is not severe, the parent is given advice on how to help him at home, and the child is seen from time to time. Close contact with the schools and parents is essential if the speech therapist is to carry out a speedy and effective course of treatment. Children who receive no help or encouragement from those at home generally require a considerably longer period of treatment.

A sound recorder is quickly becoming an indispensable piece of equipment for any speech therapy clinic and we are very fortunate in having been provided with the Ferrograph tape recorder, and full use has already been made of its many applications.

The main use of the recorder in the speech clinic is to enable the speech therapist to keep a complete case history on record. It can also be used to aid the diagnosis of certain defects, for example, a child's speech is recorded on commencing treatment. Recordings are taken as treatment progresses and a final recording is made when the child is ready for discharge. In this way the patient can hear a faithful reproduction of his own defect, thereby enabling him to understand it better. He can also appreciate the improvement and progress that has been made when later attempts at correct pronunciation are compared with earlier ones.

The tape recorder also assists the speech therapist with sound discrimination, voice production, rate of delivery and clarity of tone. It encourages the patient to study and criticise his own efforts at speech and very often helps him to recognise that there is in fact room for improvement.

The recording machine may also be used as an aid for lecturing purposes, giving recorded illustrations of any particular speech defect under discussion.

It is often interesting to note parents' reactions on hearing their child's speech played back to them. These initial recordings can also be played back to discouraged parents who occasionally forget just how badly their children spoke when they first came to the clinic.

Speech Therapy at the General Hospital : The Head Speech Therapist continued to attend at the General Hospital on one session each week to give speech therapy to adult patients, most of whom had received operative treatment for the removal of the larynx or needed some form of speech re-education.

SCHOOL NURSES

I would like to take this opportunity of thanking the school nurses for their co-operation and the selfless way in which they have carried out their many routine duties. The following, although by no means a complete list of their duties, gives some idea of the work undertaken by them. Many of the visits to the homes were for the purpose of interviewing parents who needed tactful and diplomatic handling to persuade them to take a desired line of action for the sake of their children. In this type of work I have found the nurses most dependable. They have the happy knack, too, of making easy relationships with the teaching staffs with whom they come into contact, and the fact that they frequently visit the schools is a help to myself and, I am sure, to the head teachers.

Visits to schools for routine medical inspection	1,745
,, ,, ,, following-up cases of defect	55
,, ,, ,, investigation of infectious disease	25
,, ,, ,, uncleanliness	820
,, ,, ,, national survey	45
,, ,, ,, B.C.G. vaccination	45
,, ,, ,, other purposes	1,096
Visits to homes for uncleanliness	200
,, ,, ,, deafness and other ear conditions	33
,, ,, ,, absentees from ophthalmic clinic	421
,, ,, ,, absentees from T. and A. examination	197
,, ,, ,, follow-up after T. and A. operation	658
,, ,, ,, miscellaneous reasons	704
Attendances at clinics	4,919

With the nurses I include the nurses' assistants who carry out the cleanliness work. Theirs is a monotonous but essential job, requiring patience, tact and a sense of duty. The fact that complaints are rare is evidence of the efficient way in which they carry out their work.

I would like here to introduce a note of appreciation of Miss Pinder, the Superintendent School Nurse, not only for the way in which she arranges a well-balanced programme for the nursing staff, but also for the unassuming way in which she keeps the work of the T. and A. Wards running smoothly, often at considerable sacrifice of her own time.

CLEANLINESS

In the Report for 1950 the procedure for the supervision of the cleanliness of the children was described and the more important details were repeated in the Reports for 1951 and 1952. No changes in procedure were made during 1954.

The nurses' assistants employed for this purpose carry out frequent examinations of all children and they visited each school approximately nineteen times during the year. Most parents have a feeling of shame when informed that their children have lice or nits, and make all speed to clean them up as rapidly as possible. There is, however, always a hard core of infested families who are to a large extent responsible for the persistent lack of cleanliness and the spread of infestation to otherwise clean children. These families are known to us and account for a good deal of the time of the nurses' assistants. I would like again to emphasise that uncleanliness is not a school condition.

Recently I have reminded the nurses' assistants of the Ministry's instruction to regard as verminous all children who show even a few nits. This may account for the rise in the number of children found unclean during last year.

There is no easy solution to the problem, but persistent inspection, encouragement of hygiene, its teaching in the schools, and demonstration at school camps, together with a readily available supply of a D.D.T. preparation may all help.

	1932	1942	1950	1951	1952	1953	1954
On school rolls	42,183	37,086	43,607	45,579	47,766	48,880	50,108
Examinations	72,198	98,438	131,071	169,263	183,885	191,248	183,170
Number found unclean	3,148	2,905	4,261	3,739	4,073	4,882	4,955
Percentage of the number on rolls	7·5	7·8	9·8	8·2	8·5	9·9	9·9
Statutory notices to parents	—	—	45	43	47	39	32
Children cleansed	34	38	31	33	39	30	14

It is unusual to find uncleanliness as such nowadays. Superficial dirt is not uncommon, but is of no real consequence, and there are still families who have not developed the habit of a regular bath, but these are noticeably few, and in some cases it is the result of coddling, rather than neglect or dislike of water.

DAY OPEN-AIR SCHOOLS, ARBORETUM AND ROSEHILL

Improvement in the general health of the community has resulted in a steady reduction in the number of children needing education in day open-air schools. Another factor is the improved detection and treatment of tuberculosis. At one time a comparatively large number of the pupils at the day open-air schools were contacts of known cases of tuberculosis.

A brief report by Miss D. Haigh, the Committee's Inspector of Infant and Junior Schools under Head Mistresses, is appended.

Arboretum Day Open-Air School : The character of this school is tending to change. Fewer merely delicate children are referred to its care, mainly owing to generally improved social and economic conditions and the fact that the Authority's new schools are so planned that they offer very similar open-air conditions. This has made it possible for the school to devote more attention to children who have more permanent physical handicaps. In 1953 an experimental unit for spastic children was established. The experiments are already showing some result and the teacher is steadily gaining experience in adapting her apparatus and her approach to the needs of the group.

The attendant appointed to help with this group works very closely with the teacher, giving any practical assistance which may be necessary.

TUBERCULOSIS

The co-operation with the Chest Physicians in the detection of tuberculosis continues. During the year 55 children were referred by the school medical officers to the chest physicians and 2 were found to have active tuberculosis. The chest physicians sent reports on 416, of whom they found 7 unfit for school.

29 children were admitted to the Newstead or Ransom Sanatoria during the year and 49 were discharged.

Chest Radiography : Dr. A. E. Beynon, the Medical Director of the Chest Radiography Centre, has very kindly arranged mass radiography of Grammar and other Secondary School pupils as follows :—

Grammar Schools

Under 14	14	14+	Total
1,000	384	804	2,188

Secondary other than Grammar Schools

Under 14	14	14+	Total
12	1,034	2,175	3,221

Of the 5,409 pupils X-rayed, 3 were found to have active tuberculosis.

The following were also X-rayed :—

(*a*) 127 students of the College of Art and Crafts ;
(*b*) 36 members of the staff of the School Health Service ;
(*c*) 52 candidates for appointment as Teachers ;
(*d*) 2 applicants for admission to Training College.

Dr. Beynon comments on the Chest Radiography figures as follows :—

Chest Radiography of School Children : Three girls were found to have active Pulmonary Tuberculosis. This is a very satisfactory figure, and compares well with the national average for school children.

Referring to the Grammar Schools, it is also satisfactory to know that no active cases were found in this important group.

Finally, I would point out that, in spite of regular medical examinations at the schools and in spite of the number of children sent by school medical officers to the Forest Dene Chest Clinic, three completely unsuspected active cases of Pulmonary Tuberculosis were discovered. This proves, beyond all doubt, the value and worth of Mass Radiography.

While I agree with Dr. Beynon's last paragraph, I feel that a comparison with last year's figures cannot help but produce a feeling of optimism. Out of 5,409 children examined only 3, or 0.06% were found to show evidence of active disease. (1953 : 6 active cases, or 0.12%, out of 5,189 X-rayed). It may be too much to hope that this tendency will continue but one cannot help but feel that with B.C.G. vaccination to help, the figures may continue to fall still further.

B.C.G. VACCINATION

In conjunction with the Health Department, B.C.G. vaccination has now been started and good progress made. Only those children who are non-reactors on a skin test are being offered vaccination. Those who show a skin reaction are being offered an X-ray examination by the Chest Radiography Centre as a check against possible active tuberculosis. A full account of the work carried out during 1954 appears in the Annual Report of the Medical Officer of Health, from which the following is an extract.

Total number of 13-year olds in schools visited	3,289
,, ,, ,, acceptances	2,599
,, ,, ,, refusals	648
,, ,, ,, tested	2,516
,, ,, ,, of negative re-actors vaccinated	1,884
,, ,, ,, positive to test	557

Post vaccination tests :

(There was a considerable carry over into 1955).

Number tested	803
,, of positive reactions	721
,, negative reactions	39

IMMUNISATION AGAINST DIPHTHERIA

The School Health Service continued to co-operate with the Medical Officer of Health in the immunisation of children against diphtheria. The following figures have been kindly supplied by the Medical Officer of Health and show the total number of children immunised in each age group at the end of 1954.

Years of birth	1947	1948	1949	1950
No. of children immunised	5,280	4,417	4,079	3,670
Years of birth	1951	1952	1953	1954
No. of children immunised	3,437	3,170	2,835	649

Little comment is necessary. I cannot say the figures speak for themselves but the fact that the City has been free from diphtheria for five years is sufficient evidence of the high preventive value of this procedure.

INFECTIOUS DISEASES

Measles	300	Poliomyelitis ..	6
Chicken Pox ..	1,589	Meningitis ..	1
Whooping Cough ..	427	Diphtheria	None
Mumps	2,114	Dysentery	94
Scarlet Fever ..	319	Encephalitis ..	4
German Measles ..	97		

The number of cases as usual shows considerable differences from the figures of the previous year. The one disease which bears an absolute relationship is of course Diphtheria in which the continued freedom can only be attributed to the highly effective immunisation scheme. Now that Whooping Cough is being included in this programme we can hope to find a steady decrease in the figures for this disease, the complications of which can produce chronic ill-health.

The Dysentery referred to in my opening remarks was of the Sonne variety (Shigella Sonnei). The Medical Officer of Health in his Annual Report has commented on the precautions and steps taken to trace and isolate infected individuals.

There have been several cases of Infected Jaundice in one area of the City but they have not influenced school attendance to any great extent. While the condition cannot be ignored, as patients are not very fit for a part of the time, and as the mode of spread and period of incubation are not exactly known, it is difficult to take active steps to limit the spread and it does not appear to be a school infection.

Epidemic Pyrexia with vomiting : This condition occurred in several areas in the latter part of the year. It seemed to be a school infection which came on quickly and almost as quickly settled down and was popularly called " 3 day 'Flu." It started as a rule with a feeling of prostration, raised temperature, usually vomiting and occasionally diarrhoea. This train of symptoms except for the raised temperature was suggestive of food poisoning and until the nature of the condition was recognised school meals were suspect for a few days.

CONVALESCENT HOME TREATMENT

During the year the Committee sent 53 childern to the following Convalescent Homes :—

Charnwood Forest Convalescent Home	31
West Kirby Convalescent Home	4
Claremont Convalescent Home, Matlock	1
Children's Recuperative Home, Westhill, Leamington Spa	12
Andrew Duncan Convalescent Home, Shiplake ..	1
Roecliffe Manor Convalescent Home	4
	53

The school medical officers make considerable use of Section 48(3) of the Education Act, 1944, which allows the Committee to send children in need of a change to convalescent homes, and the above table shows how much necessity there is for this service. It is possible now to get children of all ages to these homes, but there is still an occasional case, such as an epileptic child who has had some operation or illness apart from his epilepsy, who presents difficulty, as few places will take him.

AMBER VALLEY SCHOOL

1,019 children were examined by the medical officers, nurses and nurses' assistants before they went to the Amber Valley School, Derbyshire.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS

The Committee continued to use the Nottingham Children's Homes at Skegness as usual during the year. The children were selected by the school medical officers, with the assistance of the teachers, nurses and education welfare officers. There were few difficulties at the Homes themselves. On one or two occasions the presence of too many younger children caused problems of a minor nature and it has been agreed to keep the number of seven-year-old children as small as possible.

These Homes are not for convalescent children, as there is no nursing staff to look after a debilitated child who may need special treatment, diets, etc. They are essentially holiday homes, with a teacher shared between the two, and cater for children of all kinds for whom a change of air, scene and diet is desirable. The children certainly return home looking as though there is something in the advertisement which says that Skegness is so bracing.

PHYSICAL EDUCATION

Report by Mr. S. L. Goldthorpe, Inspector of Physical Training.

Three new secondary schools have been opened during the last two years. At least four more will be opened in 1955. Each school has a fully equipped gymnasium and a hall equipped with portable gymnastic apparatus. Each gymnasium and hall is served by separate changing rooms complete with showers.

The showers are our own Nottingham design and the children much prefer them to the usual cubical or " running through " type of shower.

The gymnasia are equipped for training in Swedish Gymnastics, German Gymnastics, Athletics and Basket Ball. The outdoor facilities include Tennis Courts, Netball Courts, full facilities for athletics and several acres of playing field laid out for such major games as Association Football, Rugby Football, Hockey and Cricket. Over the past years, physical educationalists have become highly skilful in making the most of a little. Now at last they have the chance to make the most of a lot.

Noteworthy efforts have already been made in "out of school" activities, but it will require courage and clear thinking to make the fullest use of these great opportunities for physical education.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

Co-operation with the Joint Committee of the Institute of Child Health (University of London) continued during 1954. The homes of the 32 Nottingham children enrolled in the survey were visited by the school nurses to obtain further information for the Joint Committee. With the co-operation of the head teachers each child was submitted to a test of reading ability and general intelligence.

An interim report has already been circulated to the members of the Special Services Sub-Committee.

PART-TIME EMPLOYMENT OF CHILDREN

During the year 1,539 children were examined, compared with 1,647 in 1953.

The figures seem to vary a little from year to year. There has been no instance for some years now of any ill-effects as a result of part-time employment and certainly no medical evidence of physical or psychological disturbance.

SCHOOL MEALS

School meals supplied by the School Meals Service during 1954 were :—

Dinners served to Grammar Schools ..	208,087
,, ,, ,, Special Schools	97,618
,, ,, ,, other schools	2,218,434
Breakfasts	32,059

YOUTH EMPLOYMENT

The School Health Service continues to work in close collaboration with the Youth Employment Officer and his staff. Medical reports on all school leavers are sent to them and where restrictions of employment are necessary these are noted. Cases who may need special consideration or who might possibly be placed on the Disabled Persons Register are specially reported by letter.

I cannot speak too highly of the enthusiastic way in which these latter are catered for, every possibility of work or training being carefully considered by the Youth Employment Officer and his staff.

CHILDREN'S COMMITTEE

The School Health Service has continued to work in the closest co-operation with the Children's Officer and his staff. There are many complicated cases (administratively) in which together we have been able to find solutions to meet the physical and emotional needs of the children concerned. Delinquency and deprivation often go hand in hand and the Education Committee's psychiatric social workers can often be of considerable help to the officers of the Children's Department, especially where a home background may be in question.

CO-OPERATION WITH OTHER ORGANISATIONS

It is a pleasure to acknowledge the help and co-operation received from the Inspectors of the local branch of the N.S.P.C.C. The cases with which we are jointly concerned are often difficult and need handling tactfully but firmly.

I also place on record the assistance of the many voluntary bodies, such as the Royal National Institute for the Blind, Dr. Barnado's Homes, The Shaftesbury Society, the British Red Cross Society, the Invalid Children's Aid Association and the Central Council for the Care of Cripples, who contribute so much to the welfare of the handicapped child. As occasion offers use is made of the various voluntary bodies who maintain convalescent homes and I take this opportunity to thank the organisations named on page 34 and particularly the matrons and staff for the care they have given to our children.

The effectiveness of the School Health Service is greatly enhanced by the close co-operation of the work with that of the other Health Services of the City and I would like to express my appreciation to the Medical Officer of Health and his staff, to the Consultants and staffs of the local hospitals for their co-operation and to the Secretary of the local Medical Committee of the British Medical Association for his help. I value also the assistance of the general medical practitioners who despite their busy lives are always ready to spare a few minutes on the telephone to discuss the problems of a particular case.

I also acknowledge the help so freely given by the teachers in calling my attention to cases of ill-health and in using their influence with parents and children to secure the provision of treatment. In these respects and in many others their willing co-operation is most welcome.

CONCLUSION

I hope that the foregoing pages will serve to convey some idea of the day to day work of the School Health Service. It is a pleasure once more to acknowledge the continued interest of the Chairman and members of the Special Services Sub-Committee in the many activities of the School Health Service, to thank the Director of Education for his consideration and support and to pay tribute to the continued loyalty of all members of the staff of the School Health Service.

I am,

Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1954

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups:	
Entrants	4,545
Second Age Group	3,409
Third Age Group	3,186
Total ..	11,140
Number of other Periodic Inspections	10,199
Grand Total	21,339

B.—OTHER INSPECTIONS

Number of Special Inspections	15,277
Number of Re-Inspections	12,243
Total ..	27,520

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin), or further examination by a Consultant

Group (1)	*For defective vision (excluding squint)* (2)	*For any of the other conditions recorded in Table* IIA (3)	*Total individual pupils* (4)
Entrants	24	723	745
Second Age Group	106	254	358
Third Age Group	138	99	235
Total (prescribed groups)	268	1,076	1,338
Other Periodic Inspections ..	259	998	1,225
Grand Total	527	2,074	2,563

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1954

Defect Code No.	*Defect or Disease* (1)	**Periodic Inspections :** *No. of defects* *Requiring treatment (or Consultant's exam.)* (2)	**Periodic Inspections :** *No. of defects* *Requiring to be kept under observation but not requiring treatment* (3)	**Special Inspections :** *No. of defects* *Requiring treatment* (4)	**Special Inspections :** *No. of defects* *Requiring to be kept under observation but not requiring treatment* (5)
4	Skin	258	8	182	7
5	Eyes—(*a*) Vision ..	527	79	988	1,841
	(*b*) Squint ..	225	28	476	684
	(*c*) Other.. ..	56	5	154	3
6	Ears—(*a*) Hearing ..	70	27	4	256
	(*b*) Otitis Media ..	54	2	46	32
	(*c*) Other ..	66	2	366	36
7	Nose or Throat	770	350	1,018	609
8	Speech	50	21	14	29
9	Cervical Glands ..	62	80	15	4
10	Heart and Circulation ..	2	116	2	142
11	Lungs	159	214	11	278
12	Developmental—				
	(*a*) Hernia ..	15	24	—	7
	(*b*) Other ..	30	308	—	30
13	Orthopaedic—				
	(*a*) Posture ..	101	7	34	4
	(*b*) Flat foot ..	145	39	40	17
	(*c*) Other.. ..	91	55	68	44
14	Nervous System—				
	(*a*) Epilepsy ..	1	21	—	24
	(*b*) Other.. ..	5	37	—	11
15	Psychological—				
	(*a*) Development ..	10	17	77	31
	(*b*) Stability ..	12	14	74	185
16	Other	10	32	1,394	1,365

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups (1)	*Number of pupils Inspected* (2)	*A (Good)* *No.* (3)	*A (Good)* *% of Col. 2* (4)	*B (Fair)* *No.* (5)	*B (Fair)* *% of Col. 2* (6)	*C (Poor)* *No.* (7)	*C (Poor)* *% of Col. 2* (8)
Entrants	4,545	3,417	75·2	1,115	24·5	13	0·3
Second Age Group ..	3,409	2,339	68·6	1,062	31·2	8	0·2
Third Age Group ..	3,186	2,171	68·2	1,011	31·7	4	0·1
Other Periodic Inspections ..	* 9,313	6,544	70·3	2,731	29·3	38	0·4
Total	*20,453	14,471	70·8	5,919	28·9	63	0·3

* The second and third terminal examinations of pupils attending Open-air Schools and all re-examinations of Nursery Class pupils have been excluded from this return.

TABLE III

Infestation with Vermin

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	183,170
(ii)	Total number of individual pupils found to be infested	4,955
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	32
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	14

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

Group 1—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	*otherwise*
Ringworm —(i) Scalp	19	3
(ii) Body	24	5
Scabies	4	12
Impetigo	302	39
Other skin diseases	1,300	541
Total	1,649	600

Group 2—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	*otherwise*
External and other, excluding errors of refraction and squint	907	215
Errors of refraction (including squint) ..	—	5,181
Total	907	5,396

Number of pupils for whom spectacles were :		
(*a*) Prescribed	—	2,181
(*b*) Obtained	—	2,172

Group 3—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	*otherwise*
Received operative treatment —		
(*a*) for diseases of the ear	—	163
(*b*) for adenoids and chronic tonsillitis ..	—	1,367
(*c*) for other nose and throat conditions..	—	12
Received other forms of treatment	1,836	426
Total	1,836	1,968

Group 4—ORTHOPAEDIC AND POSTURAL DEFECTS

(*a*)	Number treated as in-patients in hospitals	176
	by the Authority	*otherwise*
(*b*)	Number treated otherwise, *e.g.*, in clinics or out-patient departments ..	— 544

Group 5—CHILD GUIDANCE TREATMENT

	Number of cases treated in the Authority's Child Guidance Clinics	*Elsewhere*
Number of pupils treated at Child Guidance Clinics	*746	25

* Cases treated :—

by Psychiatrists and Lay Psycho-Therapists	104	by Educational Therapist	462
by Educational Psychologists	142	in Boarding Homes	38

Group 6—SPEECH THERAPY

	Number of cases treated by the Authority	*otherwise*
Number of pupils treated by Speech Therapists	241	—

Group 7—OTHER TREATMENT GIVEN

(*a*)	Miscellaneous minor ailments	14,656	—
(*b*)	Other than (*a*) above —		
	1. U.V.R.	248	—
	2. General Medicine	—	523
	3. General Surgery	—	490
	4. Psychological Condition	—	10
	Total	14,904	1,023

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(*a*) Periodic	11,503
	(*b*) Specials	4,957
	Total (1)	16,460
(2)	Number found to require treatment	11,954
(3)	Number referred for treatment	11,908
(4)	Number actually treated	10,576
(5)	Attendances made by pupils for treatment	18,398
(6)	Half-days devoted to : Inspection	67
	Treatment	1,878
	Total (6)	1,945
(7)	Fillings : Permanent Teeth	8,414
	Temporary Teeth	1
	Total (7)	8,415
(8)	Number of teeth filled : Permanent Teeth	7,059
	Temporary Teeth	1
	Total (8)	7,060
(9)	Extractions : Permanent Teeth	2,602
	Temporary Teeth	15,889
	Total (9)	18,491
(10)	Administration of general anaesthetics for extraction	7,668
(11)	Other operations : Permanent Teeth	332
	Temporary Teeth	56
	Total (11)	388

TABLE VI

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

1954	*Blind* (1)	*Partially Sighted* (2)	*Deaf* (3)	*Partially Deaf* (4)	*Delicate* (5)	*Physically Handicapped* (6)	*Educationally Subnormal* (7)	*Maladjusted* (8)	*Epileptic* (9)	*Total* 1—9 (10)
In the calendar year : Handicapped Pupils *newly placed* in Special Schools or Homes	1	2	—	1	48	6	60	11	2	131
Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes	2	—	—	—	52	8	68	11	1	142
On or about December 1st : Number of Handicapped Pupils from the area— (i) attending Special Schools as— (*a*) Day Pupils	—	1	30	14	145	18	318	—	—	526
(*b*) Boarding Pupils	3	9	1	—	24	7	10	2	6	62
(ii) Attending independent schools under arrangements made by the Authority	—	—	1	—	—	—	—	2	—	3
(iii) Boarded in Homes and not included in (i) or (ii) above	—	—	—	—	—	—	—	27	—	27
Total	3	10	32	14	169	25	328	31	6	618
Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) (i) Day	—	—	—	—	1	1	15	—	—	17
(ii) Boarding ..	2	1	1	—	4	3	2	1	1	15
Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 : (i) in hospitals ..	—	—	—	—	—	—	—	10	—	10
(ii) at home ..	—	—	—	—	—	9	—	—	—	9